MULTIPLE DE NOENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CL	AIMS	S		

 	T		r			
	AS FILED		AFTER I AMENDMENT		AFTER 2 MANENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	
1				DDI.	IIVD.	DEI
3	/					
4		4				
5		/ 				
6	17	-				
7						
8						
9		4				
11		/ 				
12		-				
13						
14						
15 16		_				
17						
18						
19						
20						
21 22						
23				-		
24		\neg				
25						$\neg \neg$
26						
27						
29						
30				7	- 1 T- 1	-
31						
32		-		_ _	_	
34		1-				-
35	-	1	_	27	-	\dashv
36						
		-				
38		┨		_	 	_
40		 		-		\dashv
41						\neg
42						\Box
43		-	_	-		
45		1-		-}	1 -	\dashv
46			1	1-		\dashv
47						
48						4
49 50	+		4		-	-1
			-	1	 _	-1
TOTAL IND.	ا ▼ ا		J ◆		」 ▼	
TOTAL DEP	+		#	1	(
TOTAL CLADES						
FTO-134 (REV. 114	4)					

1	~				/	'	
į		ASF	AS FILED		TER NDMENT	AFTER	
L		IND.	DEP.	IND.	DEP.	IND.	NDMENT
	51				DEI.	IND.	DEP.
-	52						
-	53	 					
-	54	 		I			
-	55 56	 					
- F	57						
	58						
	59						
	60						
_	61						
-	62						
	63						
	64 65						
	66						
	67			 .			
	68						
	59						
7	70						
	1						
	2						
7							
7							
7							
7							
78							
79						11	
80			\neg			-+-	
81							-
82							-
83							_
84							
85							
86 87	-						
88			_		_		
89	1-		-				
90	1						
91					-	+-	-1
92						1	7
93							
94							
95			-				
96 97	1-						_
98	+			-		+	4
99	1-		1	+	1	-	-
100	1		1-		1	1	-
OTAL IND		J.	1	=	1	-	1
~	1		-	J ▼] 🕶	
)TAL DEP	ł	←	1	4	1	4	
TOTAL					1		a
CLAIMS	L		1		1		4
		U.S. DEPA	RTMENT	COMMERCE			1